

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/661,165
	Filing Date	September 11, 2003
	First Named Inventor	Ravinder DHALLAN
	Art Unit	1634
	Examiner Name	E. Whisenant
	Attorney Docket Number	543312000420

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

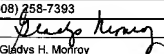
☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:  
Client request to transfer

<b>CORRESPONDENCE ADDRESS</b>			
1.	<input checked="" type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.	
2.	<input type="checkbox"/>	Change the correspondence address and direct all future correspondence to:	
	<input type="checkbox"/>	The address associated with Customer Number: <input type="text"/>	
<b>OR</b>			
<input checked="" type="checkbox"/>	Firm or Individual Name	Michael Cronin - Intellectual Property Associate Whyte Hirschboeck Dudek	
Address		33 East Main Street, Suite 300	
City		Madison	State WI Zip 53703
Country		U.S.A.	
Telephone		(608) 258-7393	Email MCronin@whdlaw.com
Signature			
Name		Gladys H. Morroy	Registration No. 32,430
Date		March 21, 2008	Telephone No. (650) 813-5711
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			